

**APPLICATION FOR THE RENEWAL OF RECOGNITION
(VALIDITY FOR ACADEMIC YEAR)**

1. **Name of the Institution** : _____
2. **Name of the Trust/Society** : _____
3. **Address** : _____

Phone No.: _____ **Fax No.:** _____

e-mail Address : _____ **Mobile No.:** _____

4. **Number of all the Nursing Programme offered by institutions:**

- a) **ANM (Students Intake)** : _____ **G.O. No.**
- b) **GNM (Students Intake)** : _____ **G.O. No.**
- c) **B.Sc. Nursing (Students Intake)** : _____ **G.O. No.**
- d) **P.B. Basic Nursing (Students Intake)** : _____ **G.O. No.**
- e) **M.Sc. Nursing (Students Intake)** : _____ **G.O. No.**
- f) **Other Short Term Courses (Name & Students intake)** : _____ **No. & permission authority**
- g) **Copy of INC Suitability** : _____
- h) **Copy of RGUHS Affiliation** : _____

5. **Physical Facilities for all the nursing programme:**

Whether the institution has its own building : Yes No

Built up area of Teaching Block : _____

Built up area of Hostel Block : _____

S. No.	Number of class rooms for all the Nursing Programmes	Size of the class rooms

6. Teaching Faculty for each the Nursing Programmes:

S. No.	Name of teaching faculty	Designation	Qualification	Name of the University.	Year of Passing	R.N. & R.M. No. of KNC	Teaching Experience	Date of Joining to this Institute.

7. Clinical Facilities for all the Nursing Programmes:

Name of the Hospital (Parent/Affiliated)	Number of beds	Bed occupancy

Distribution of beds:

Clinical Areas	No. of Beds		Bed Occupancy	
	Parent	Affiliated	Parent	Affiliated
Medical				
Surgical & Orthopedic				
Pediatrics				
Gyne. & Obst. Psychiatric				
Eye, ENT				
Coronary/ICCU/ICU				
Nephrology				
Neurology				
Emergency/Causality				
ICU Oncology				

8. Laboratory Facilities for all the Nursing Programmes:

S. No.	Name of Laboratory	Size (LxB)	Equipments and Articles	Dummies and Dolls

9. Library Facilities for all the Nursing Programmes:

S. No.	Number of Nursing Books	Number of Nursing Journals Subscribed

10. Admission Criteria for B.Sc.(N)

for GNM _____

SECRETARY/CHAIRMAN

Note:

- (1) Incomplete Application Form will be rejected.
- (2) Relevant Documents to be submitted along with the Application Form.
(Data to be submitted as per the Application Form)
- (3) Original Affidavit duly notarized in Stamp Paper of Rs. 50/-
- (4) KSNC Notification Letter.
- (5) KSNC Renewal Letter.
- (6) INC Renewal Letter.
- (7) Trust Deed.

- (8) Building Plan.
- (9) Land and Building Documents.
- (10) Clinical Permission Letter from Hospital (if it is Govt. Hospital Enclose fees paid receipt)
- (11) Teaching Faculty list.
 - a. Appointment letter (each Faculty).
 - b. KSNC Registration Certificates of Faculties.
- (12) D.D. In favour "The Registrar KSNC Bangalore"
 - a. ANM & GNM each course Rs:3000/-
 - b. BSC, PCBSC, MSC Nursing each course Rs:5000/-
 - c. Speciality course each course Rs:3000/-

NOTE: Separate D.D has to be sent for each course.